Male and Female SEXUAL DYSFUNCTIONS are IDENTICAL PROBLEMS

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Sexual response cycle (M & F)

- The sexual response cycle (M&F) has the same items and the same definitions for each item:
- 1- Desire
- 2- Arousal
- 3-Orgasm
- 4- Resolution

(American Psychiatric Association ,2000)

Sexual Dysfunction (M&F)

- It is defined as :

impaired or inadequate ability of a man or a women to engage in or enjoy satisfactory sexual intercourse and orgasm

Female Sexual Dysfunctions (FSD)

-- Hypoactive Sexual Desire Disorders

-hypoactive sexual desire
-sexual aversion

– Female arousal disorders

– Female orgasmic disorders

– Sexual Pain :

-DYSPAREUNEA
(treatable condition)

-VAGINISMUS

ED = FSAD

- **ED**

Persistent inability to attain or maintain

sufficient erection to perform s. intercourse

- **FSAD**

Persistent inability to attain or maintain

responses to sexual stimulation

CAUSES OF Erectile Dysfunction

International Society of Impotence Research.

- Etiology may be:

  -Organic > 60%

  - Psychogenic < 40%

Psychogenic causes:

Generalized & or Situational:

e.g. psychotic diseases, bad husband and wife relationship, premature ejaculation performance anxiety, homosexuality & other paraphilias ,…etc.

Organic causes (.60%):

- ***Vascular causes e.g.:***
  - ***Arteriogenic:*** (arteriosclerosis, astheroscelerosis & stenosis..)

-- Venous leakage ":

It may be congenital or acquired abnormalities of the venous drainage

- ***Endocrinal causes:***
  - **Diabetes mellitus (p. neuritis,astherosclerosis)**
  - **Hypogonadism .**
  - **Hyperprolactinemia .**
  - **Hyper & hypothyroidism.**

- ***Neurological causes e.g:***
  - Quadriplagia.
  - Disseminated sclerosis.
  - Temporal lobe epilepsy.
  - Spinal cord lesion e.g. Complete sacral injury (no erection,no ejaculation).

Chronic diseases :

- Renal failure(due to hyperprolactinemia).
- Liver disease (↑ estrogen).
- Chronic heart disease.
- Hypertension (arteriosclerosis & astherosclerosis)

Drugs :

- Major tranquilizers & most of sedatives and hypnotics.
- Antihypertensive ß blockers
  e.g. propanolol.
- Diuretics: thiazides.

Iatrogenic causes :

- Pelvic operations & fracture pelvis: (may affect penile nerves and / or blood supply).
- Total prostatectomy :(nerve affection)

Penile causes :

- Penile chorde, defective smooth muscles of the cavernous tissue, defective tunical coverings & Pyronie's disease.

Recreational & addictive drugs:

- ***Alcohol:*** (liver affection, neuropathy, higher center affection).
- ***Tobacco&smoking:*** (astherosclerosis, vasoconstriction & Decrease of nitric oxide synthetase enzyme.
- ***Opiates& morphea:*** (hyperprolactinemia & C.N.S. affection)
- ***Cannabis:*** (C.N.S depression & decrease of testosterone)

Laboratory investigations:

1- Basic investigations

- *Blood sugar.*
- *Serum prolactin.*
- *Serum testosterone.*
- *Serum lipids*

2-SPECIFIC TESTS FOR ED

2-SPECIFIC TESTS FOR ED .

- ICI (intracorporal injection of vasoactive drug)
- **REGISCAN :**

  to diferentiate between organic &
  psychogenic ED .
- **CAVOMATE :**

  to diagnose VENO-OCCLUSIVE ED.
- **DUPLEX :**

  to diagnose ARTERIOGENIC ED .

Rigiscan

- To measure Nocturnal Penile Tumescence (NPT) & rigidity.
- Normally 3-6 events of erection occur during 8 hours sleep.
- **Absence** or decrease of these events indicates organic ED.
- If **normal** it indicates psychogenic ED.

Cavernosometry
(Cavomate apparatus)

- ***To diagnose Veno – occlusive dysfunction.***

Penile Duplex

To diagnose arteriogenic impotence by measuring the caliber of the cavernous arteries before & after injection of vasoactive drugs and velocity of blood inside

Treatment of E.D.

- **Treatment of the cause if possible**
- **Sex therapy**
- **Medical treatment**
- **Erect Aid Vacuum**
- **Surgical treatment,**

Implantation of penile Prosthesis

Treatment of the cause

For example :

- Hypogonadism treated with Androgen replacement.
- Hyperprolactinemia treated with Bromocreptin.

Sex Therapy

- It is a couple therapy in the form of Sex education.
- Encourage good relationship between them.
- To get rid off the fear of performance anexiety we advice by Sensate focus program .

Sensate Focus Program

- Instructs the partners to stimulate each other by massage and kissing to gain satisfaction and pleasure and inform each other about the most sensitive and exciting area without genital stimulation.
- Later on, genital stimulation is allowed without intromission. At the end of this program the husband retains his self-confidence

Medical Treatment

LOCAL ttt.

1-ICI

2-Topical application

3- Transurethral Application

SYSTEMIC ttt.

1.Peripheral (PDE5 Inhibitors)

2.Central

3.Both central & peripheral

Medical Treatment

Local

1-ICI by self injection of papaverin or prostaglandin before intercourse

NB. If prolonged erection (> 4hours) the patient must contact his doctor to avoid complication

2-Topical application of prostaglandin jell before intercourse .

3- Transurethral Application

SYSTEMIC TREATMENT

1.Peripheral (PDE5 Inhibitors)

-Sildinafil (Viagra)

-Tadalafil (Cialis)

-Vardenafil (Levitra)

2.Central

-Dopamine agonist (Apomorphine)

3.Both central & peripheral

-Yohembin

-Melanotan II

SYSTEMIC TREATMENT

- Phosphodiestrase type 5 Inhibitors

They are breakthrough treatment for ED

(success rate >70%)

-Sildinafil (Viagra)

-Tadalafil (Cialis)

-Vardenafil (Levitra)

3-Contraindications

Nitrates

&

Retinitis pigmentosa

Erect Aid Vacuum Device

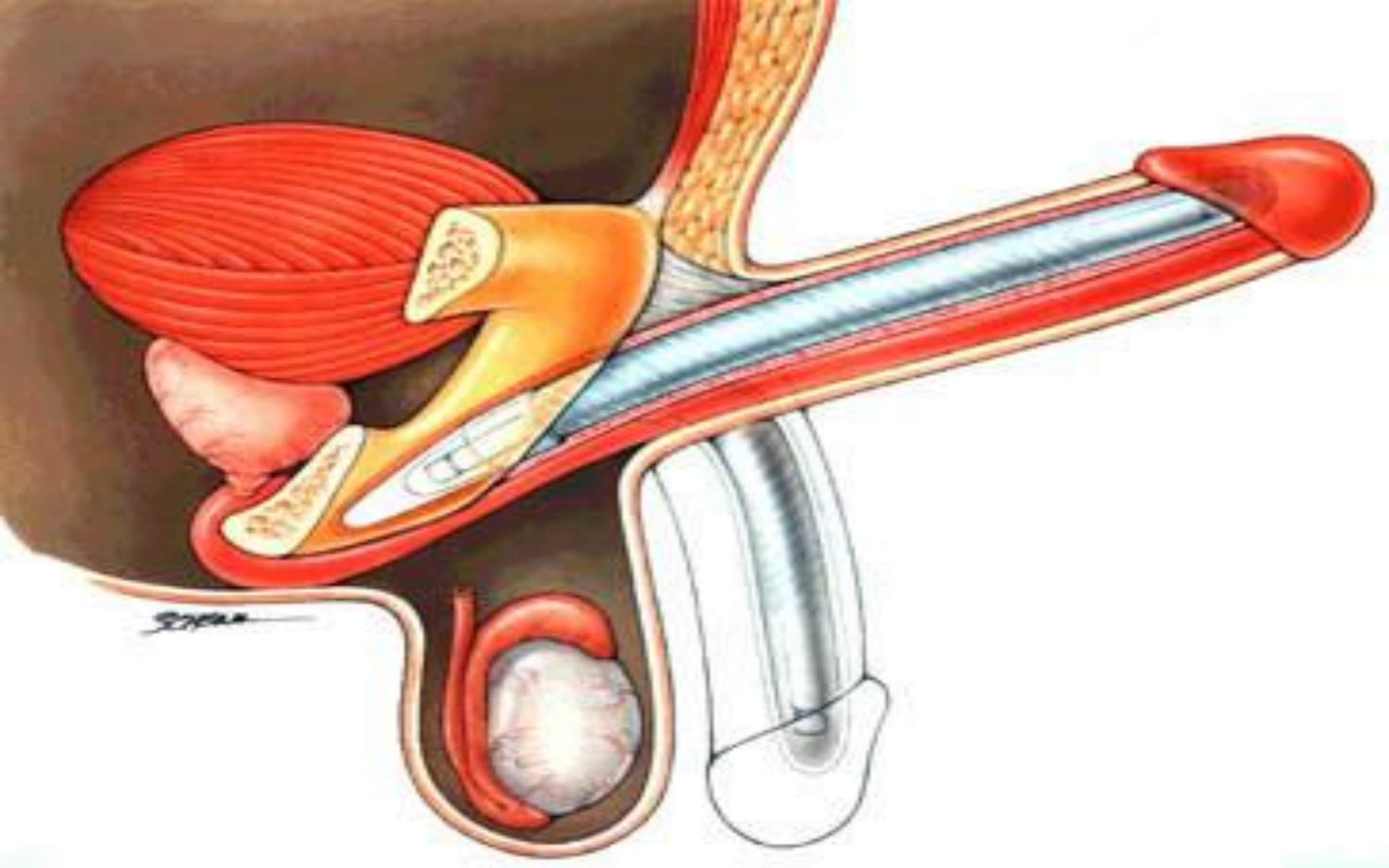
Surgical treatment of ED

- Penile prostheses implantation.
- Indications:

  1-Severe organic causes

  2-Sever psychogenic causes

  3-when all treatment modalities failed



Treatment of E.D.

- **Treatment of the cause if possible**
- **Sex therapy**
- **Medical treatment :**

  -Local (ICI , Topical & MUSE).

  -Systemic (PDIs , Apomorhin & Yohembin)
- **Erect Aid Vacuum**
- **Surgical treatment,**

  Implantation of penile Prosthesis


Thank You
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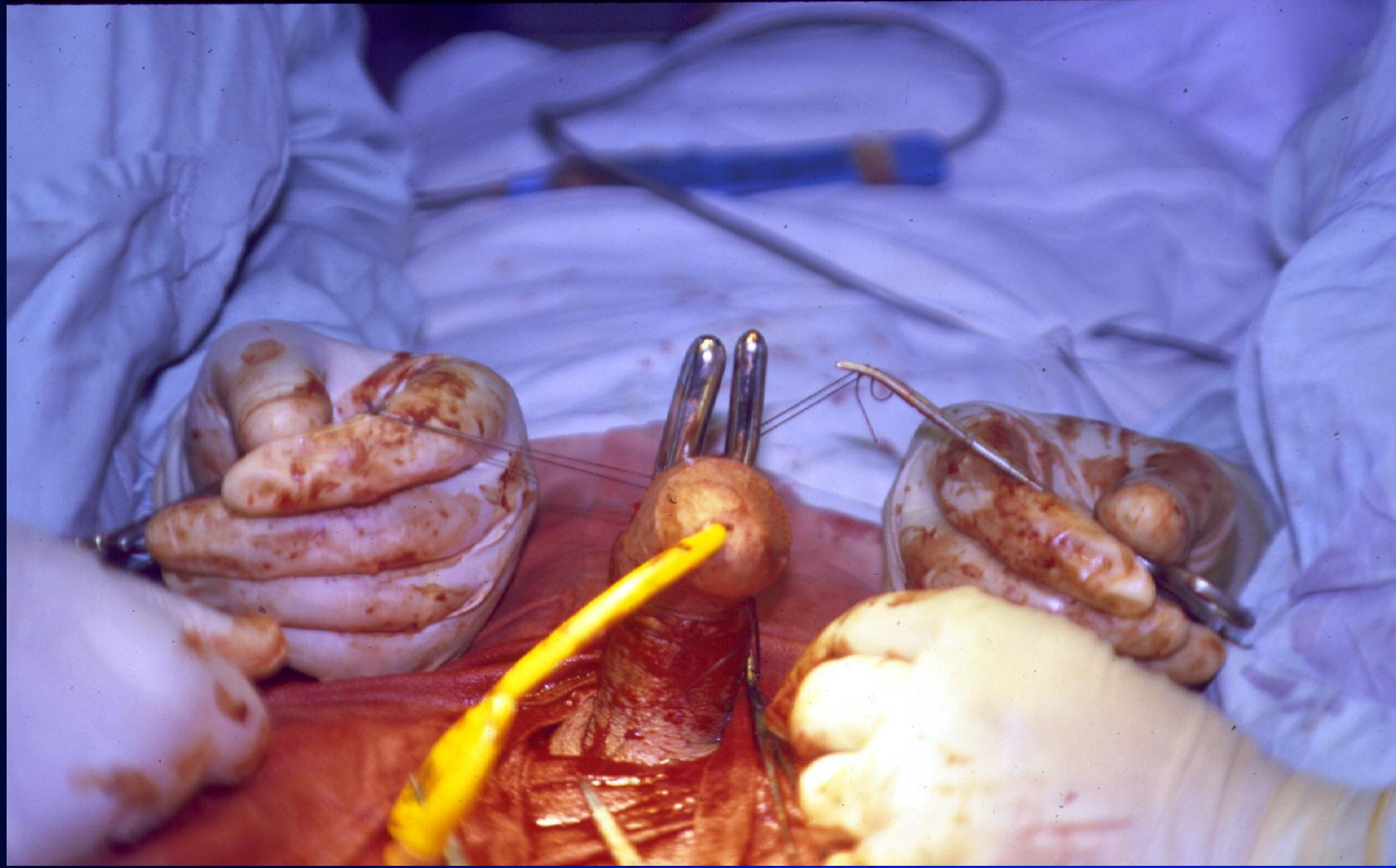
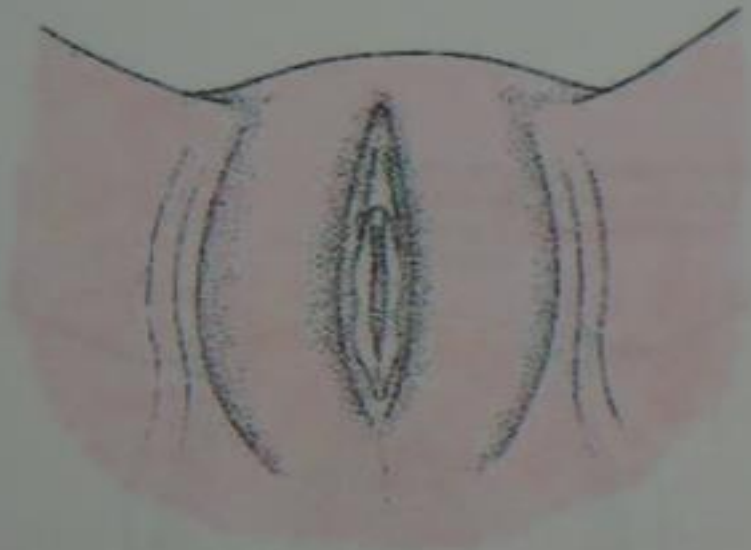


Changes in External Sex Organs all Fig by

Masters and Johnson, 1992

AT REST



1. Excitement

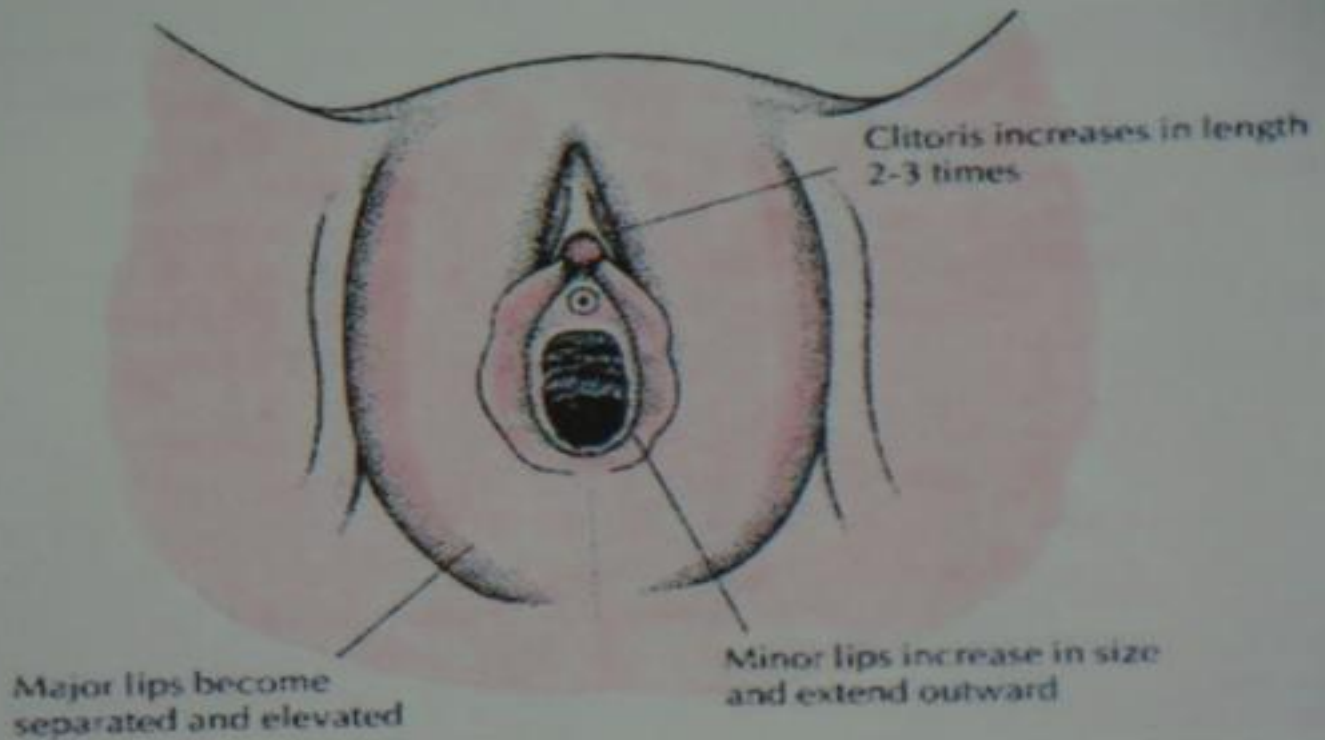


Fig. (9) : Excitement

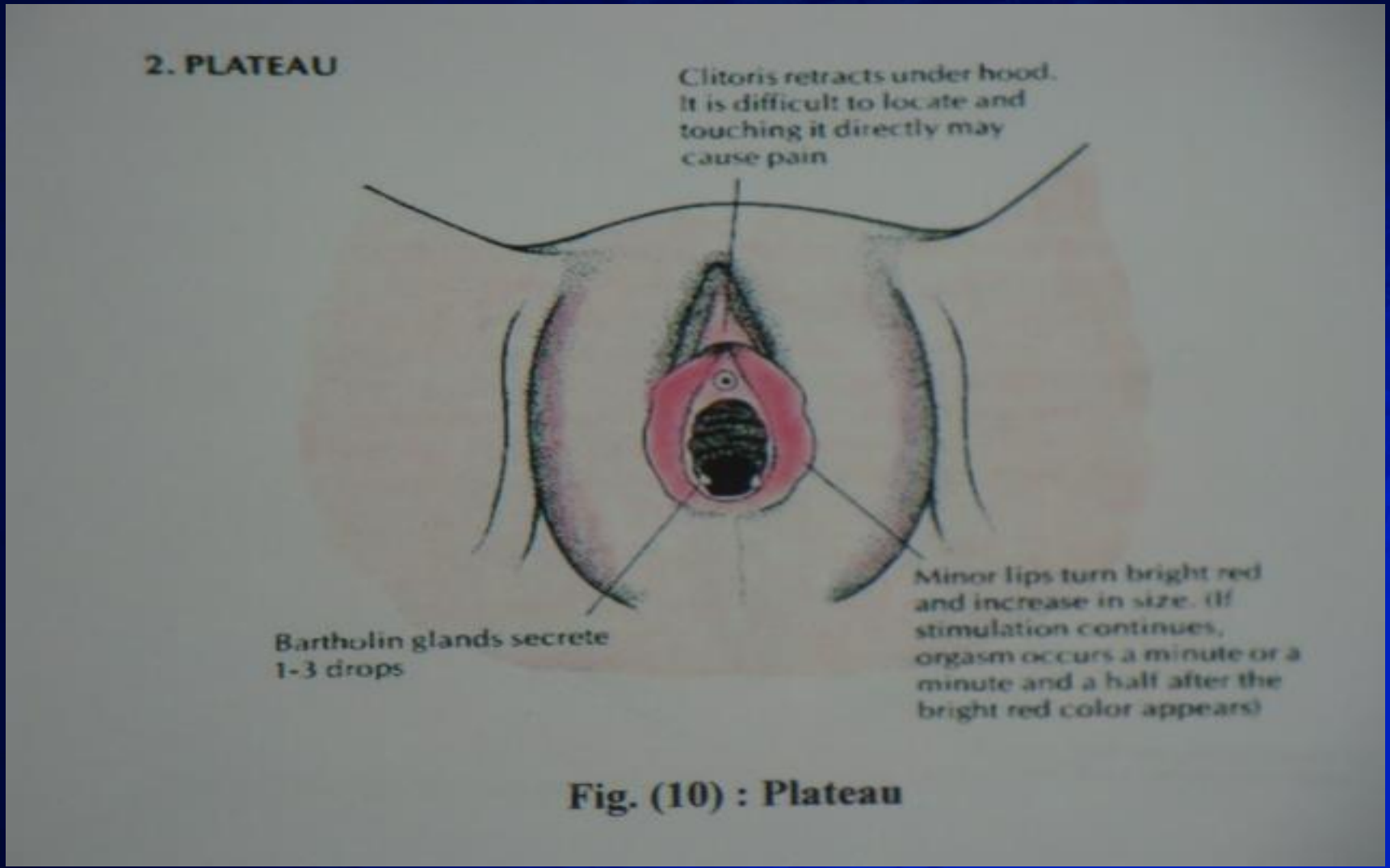


Fig. (10) : Plateau

3. ORGASM

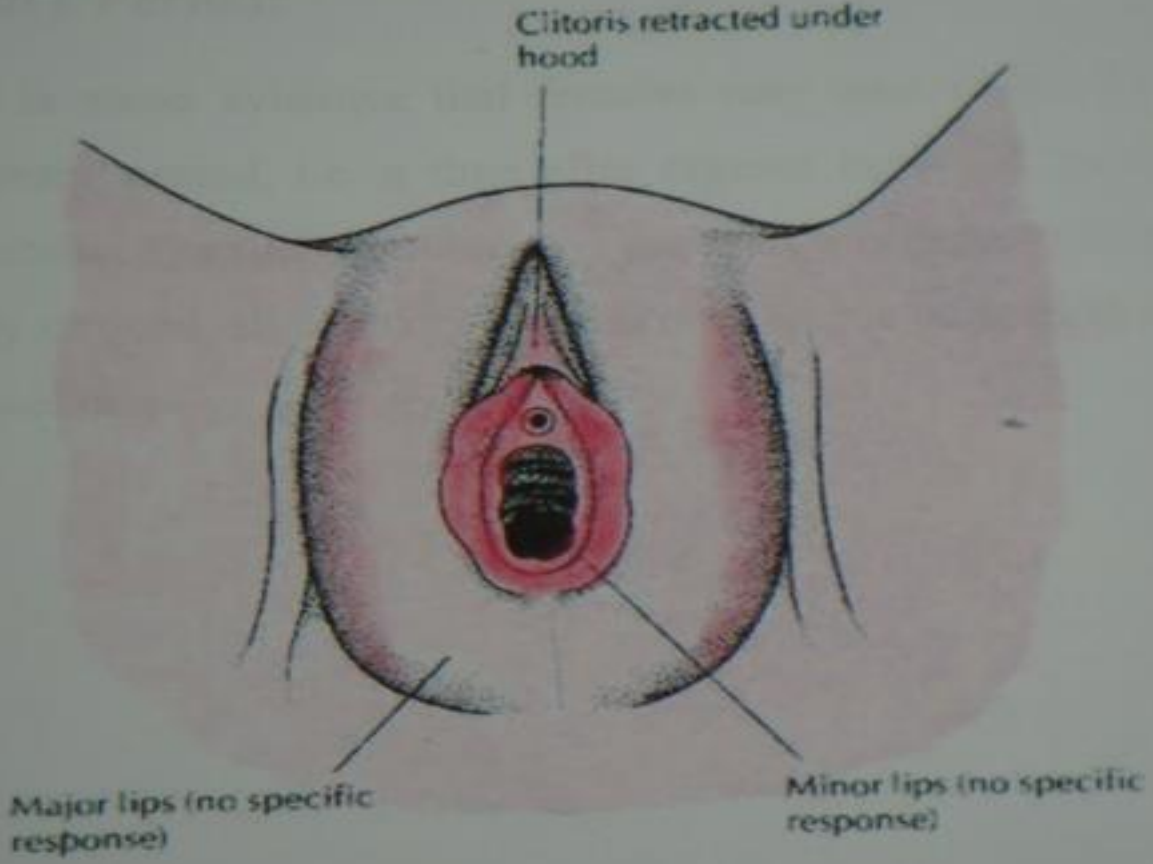


Fig. (11) : Orgasm

4. RESOLUTION

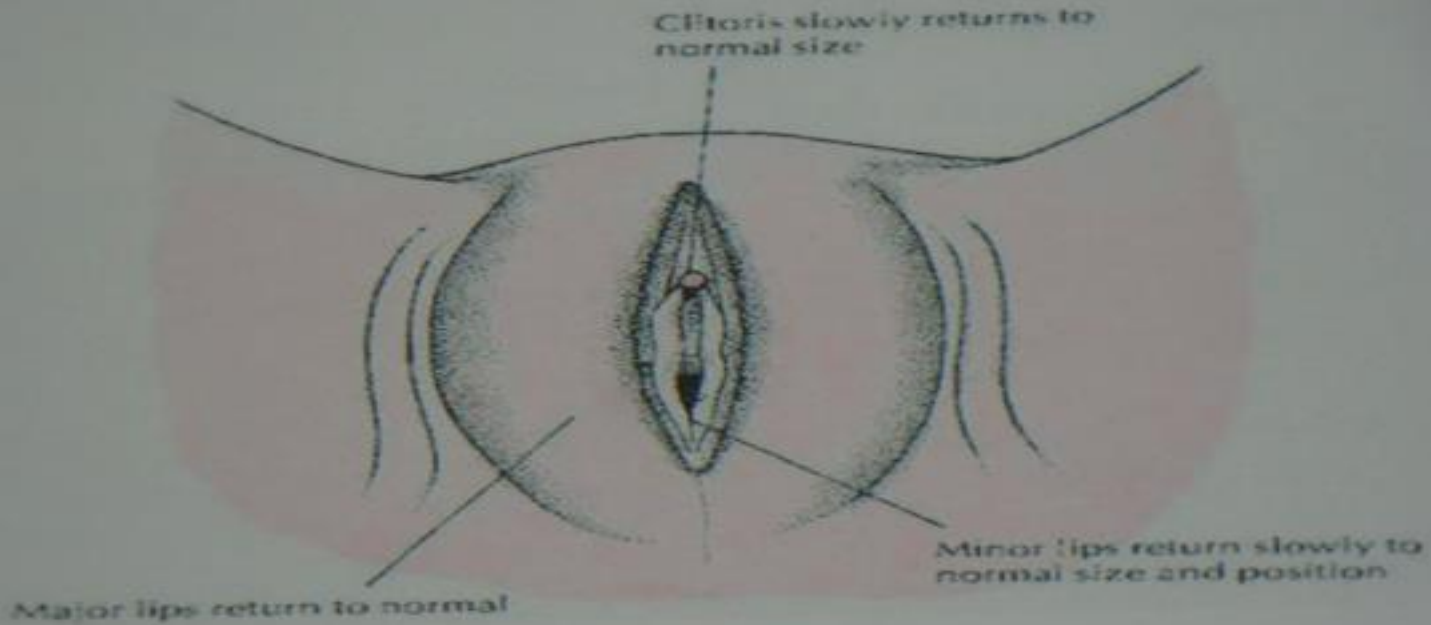


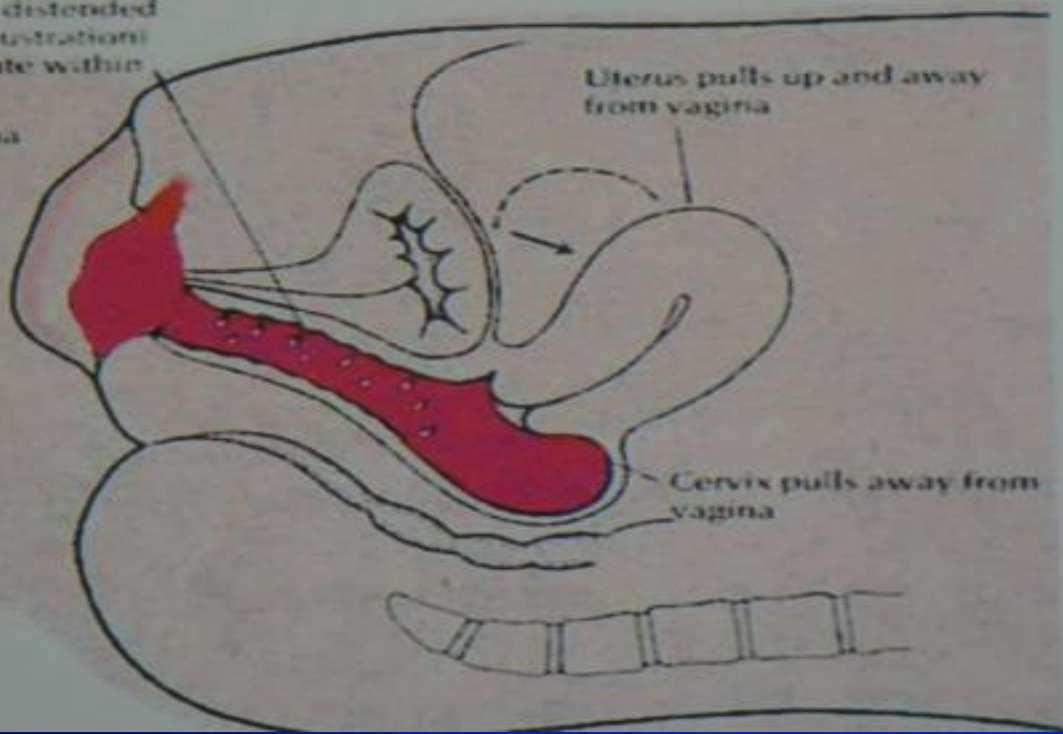
Fig. (12) : Resolution

Changes in Internal Sex Organs described by Masters and Johnson, 1992

1. EXCITEMENT

Vagina (actually a collapsed tube, but shown distended for purpose of illustration) begins to lubricate within 10–20 seconds

Inner ⅔ of vagina lengthen and distend



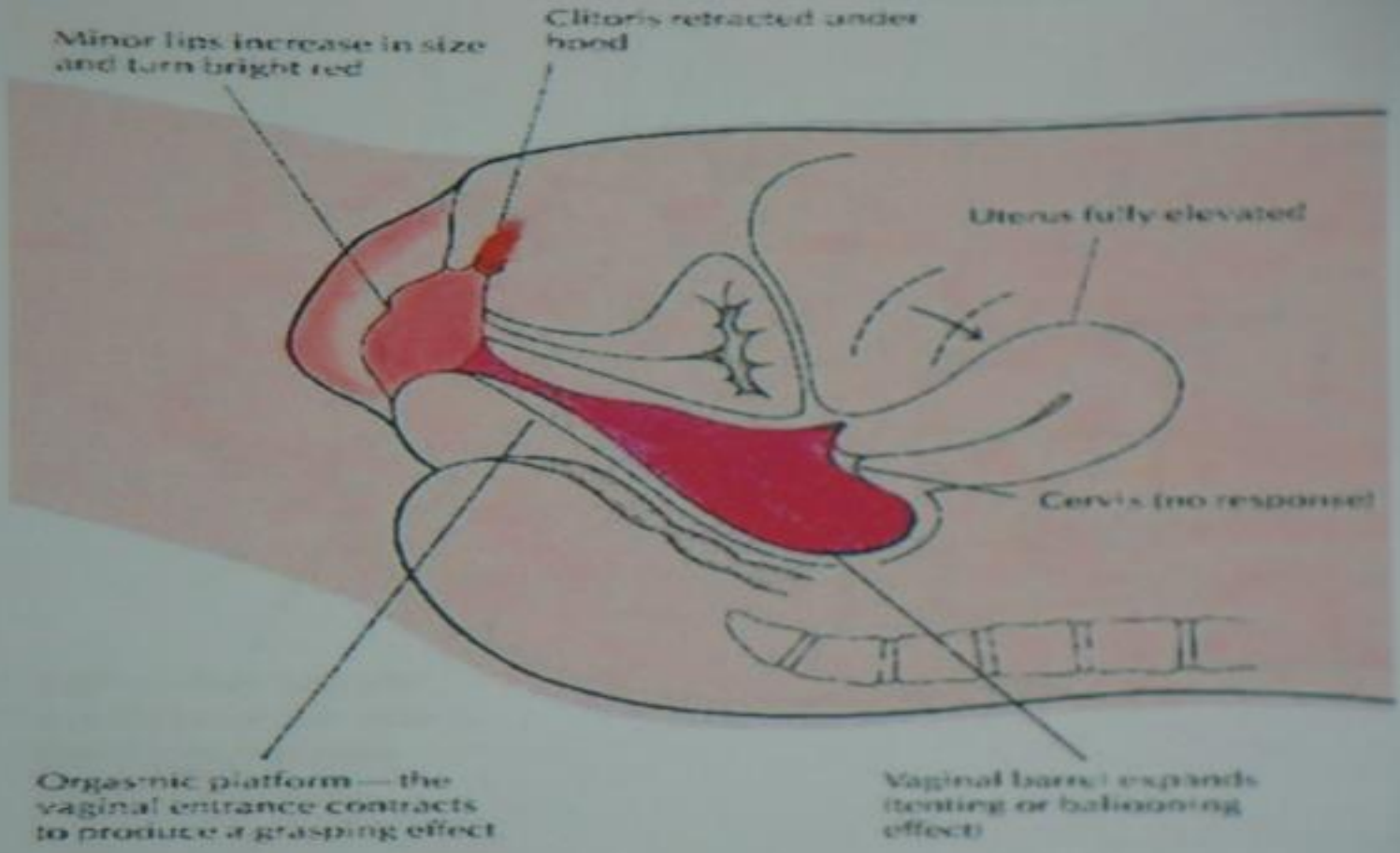


Fig. (14) : Plateau

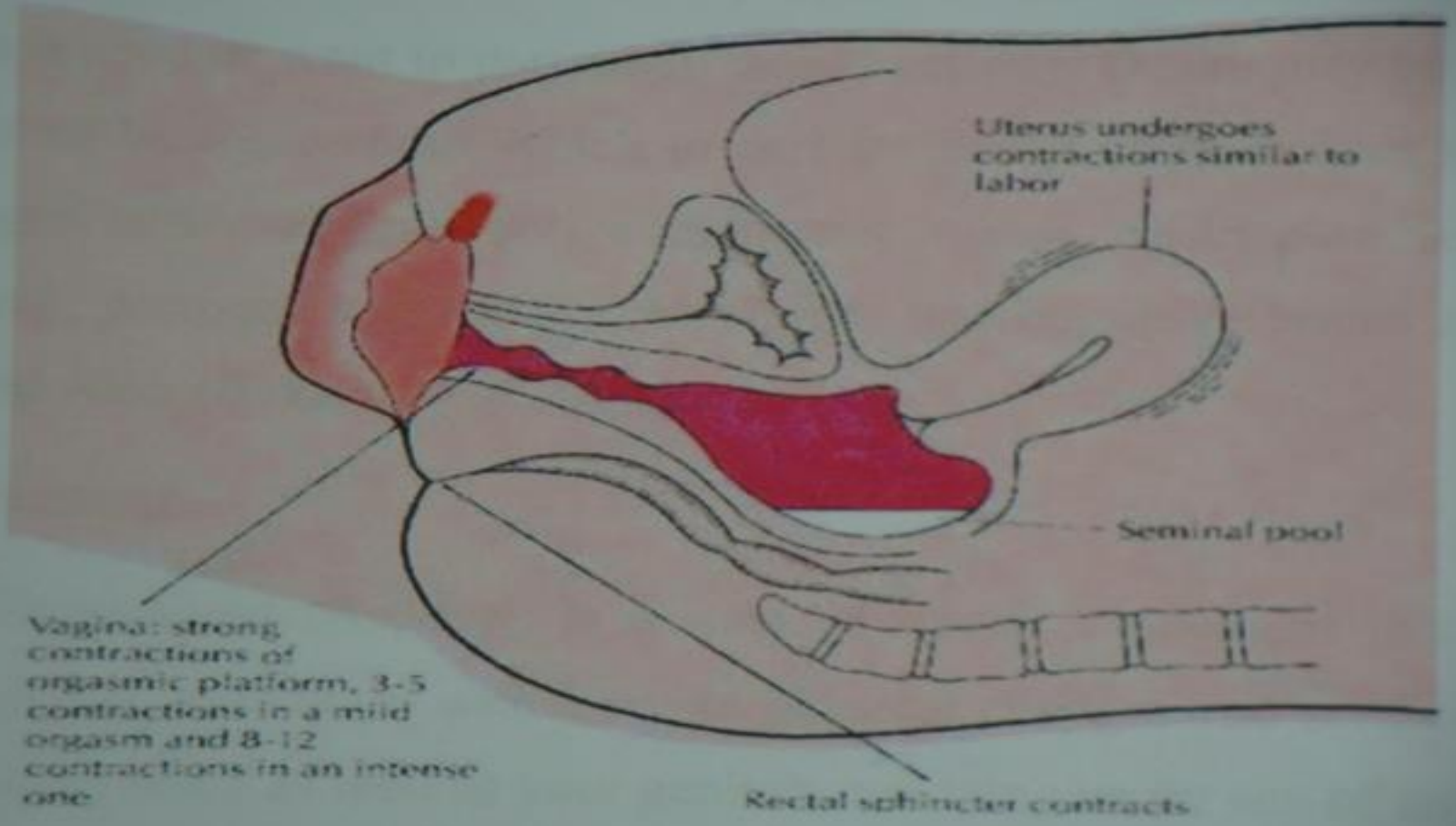


Fig. (15) : Orgasm

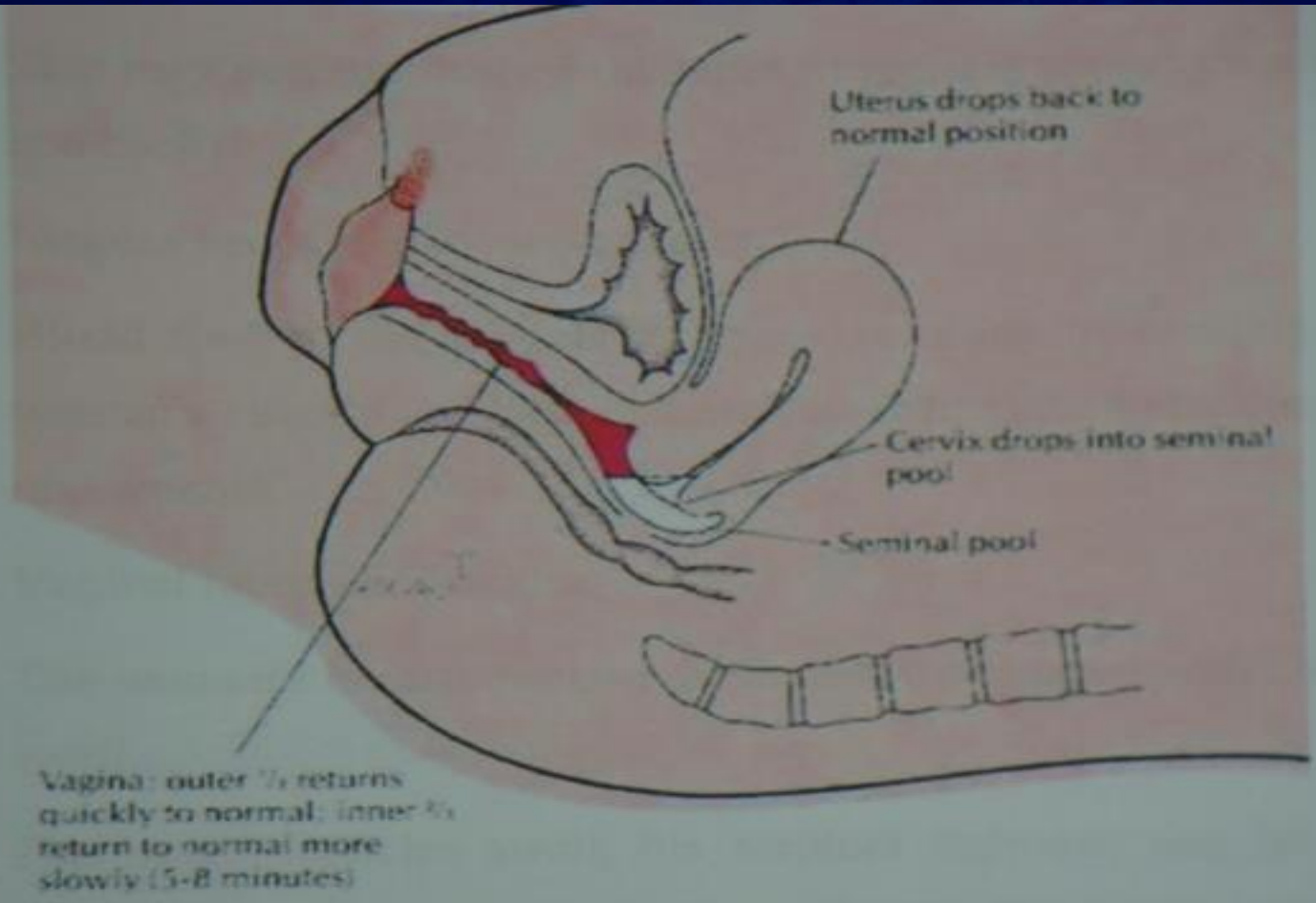
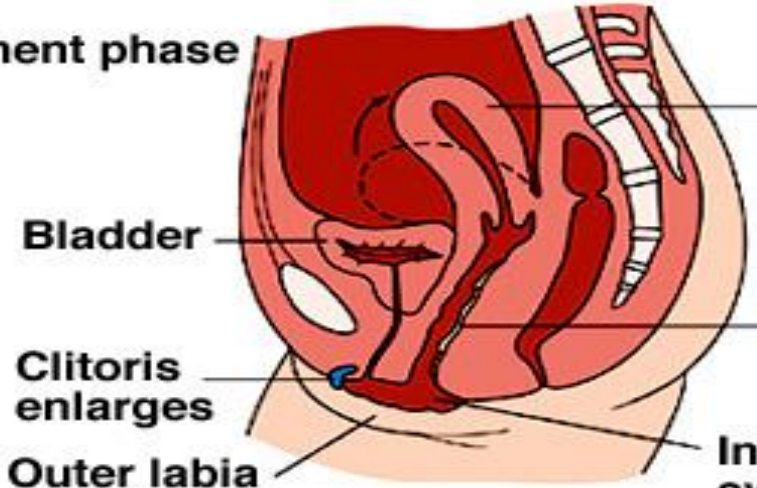


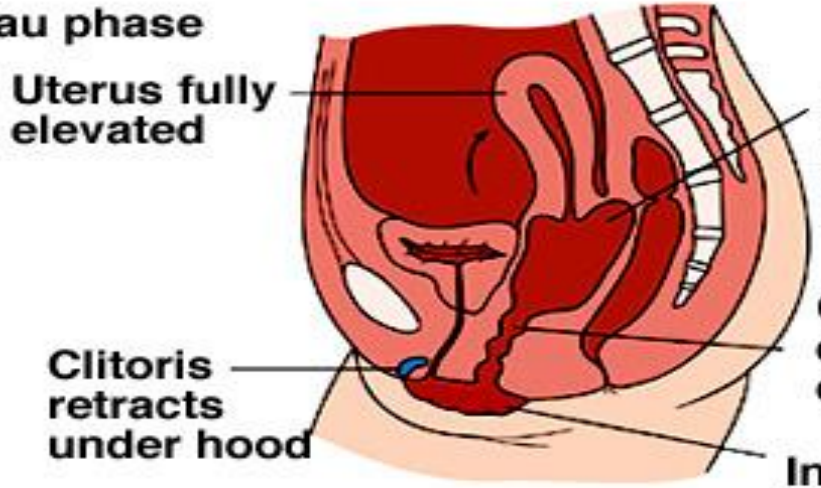
Fig. (16) : Resolution

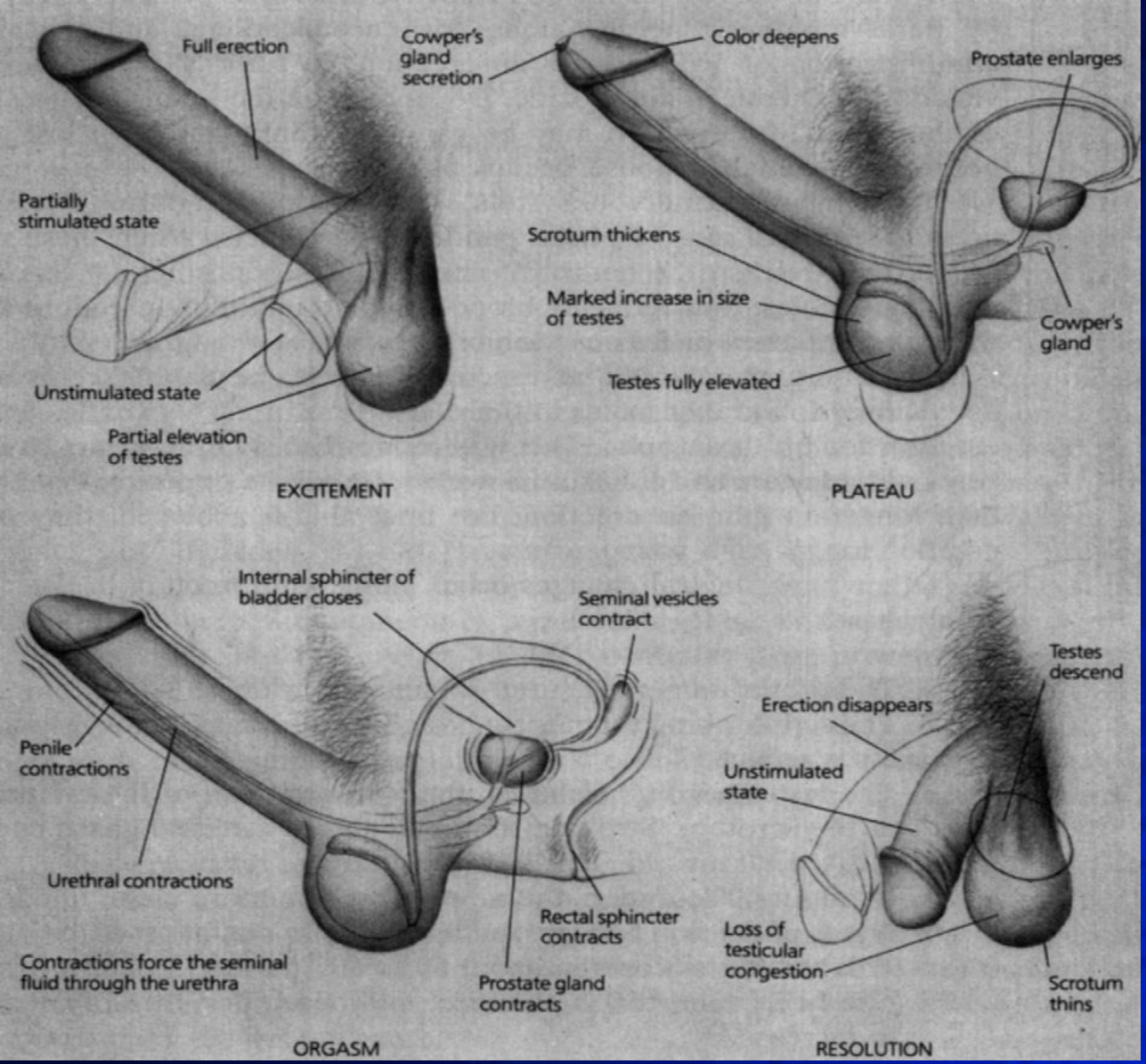
Vagina, Uterus During Sexual Response Cycle

1. Excitement phase



2. Plateau phase




Full erection
Cowper's gland secretion
Partially stimulated state
Unstimulated state
Partial elevation of testes
EXCITEMENT
Color deepens
Prostate enlarges
Scrotum thickens
Marked increase in size of testes
Cowper's gland
Testes fully elevated
PLATEAU
Internal sphincter of bladder closes
Seminal vesicles contract
Penile contractions
Urethral contractions
Rectal sphincter contracts
Contractions force the seminal fluid through the urethra
Prostate gland contracts
ORGASM
Testes descend
Erection disappears
Unstimulated state
Loss of testicular congestion
Scrotum thins
RESOLUTION

External Genitals & Sexual Response Cycle(F)